

Group Plan 405XS Summary of Benefits and Member Copayments

Can I make changes on the Internet?

An interactive web site is provided for your use. It allows on-line access to Plan information and permits changes to member records. Features include:

- New Dentist Search
- Membership transfers to new dentist
- View benefit schedules and coverage provisions
- Leave email for our Member Services Department
- Request a new membership card

All changes are confirmed by return email. For more information, visit us at www.DominionDental.com.

Frequently Asked Questions

Q: HOW DOES THE DOMINION PLAN WORK?

A: Your Plan has no claim forms and does not pay claims. You simply pay any copayment amounts listed on your Description of Benefits and Member Copayments directly to your Participating Dentist. Payment is due upon receipt of services.

Q: DOES EVERYONE IN MY FAMILY HAVE TO USE THE SAME DENTIST?

A: No, each family member may use a different dentist provided that they are selected from our list of Participating Dentists.

Q: WHO DO I CALL WITH OTHER QUESTIONS ABOUT THE DOMINION PLAN?

A: You may call the Dominion Member Services Department during business hours (8:00 a.m. to 8:00 p.m., Monday through Friday and 9:00 a.m. to 1:00 p.m. Saturday) at the number listed below.

For more information, call the DOMINION toll-free helpline: 1-888-518-5338



115 South Union St. • Suite 300
Alexandria, VA 22314
1-888-518-5338
(fax) 703-518-8849

www.DominionDental.com

DIAGNOSTIC/PREVENTIVE

	Member Fees
Office Visits (Includes Sterilization Charge)	\$10
Oral Examinations and Diagnosis	No Charge
X-rays:	
Complete Series	20
Single Periapical	No Charge
Bitewing	No Charge
Panoramic X-rays	20
Each Additional Film	No Charge
Pulp Vitality Test	No Charge
Diagnostic Models	No Charge
Teeth Cleaning (1 per six months per member)	No Charge
Topical Fluoride	No Charge
Nutritional Counseling	No Charge
Oral Hygiene Instruction	No Charge
Sealant - per Tooth	14
Space Maintainers:	
Unilateral	100
Bilateral	135
Recementation	24
Emergency (palliative) Treatment per Visit	25
Local Anesthesia	No Charge
Nitrous Oxide (per visit - if available)	25
Second Opinion/Consultation, per Session (by another Plan Dentist)	30
Broken Appointments (without 24 hours notice - per 1/2 hour)	20

RESTORATIVE DENTISTRY (Fillings)

Amalgam Restorations (silver):	
One Surface Filling, Primary	26
Two Surfaces Filling, Primary	29
Three Surfaces Filling, Primary	35
Four or More Surfaces Filling, Primary	42
Resin Composite Restorations (tooth colored):	
One Surface Filling, Anterior	36
Two Surface Filling, Anterior	45
Three Surface Filling, Anterior	55
Four or More Surfaces Filling, Anterior	69
Pin Retention (per tooth, add to restoration)	15
Tooth Etching (in addition to restoration)	14
Pulp Cap Direct/Indirect (excl. final restoration)	18
Sedative Filling	27

CROWN AND BRIDGE (Caps, Fixed Tooth Replacement)

Inlay - One, Two or Three Surface	303
Onlay (in addition to inlay)	20
Resin Crown (lab processed)	220
Temporary Crown (in conjunction with permanent crown)	No Charge
Resin with Metal Crown	350
Porcelain Crown Fused to Metal	350
Full Cast Crown	340
Recementation: Inlay/Crown per Unit	28
Cast Post and Core in Addition to Crown	127
Prefabricated Post and Core in Addition to Crown	104
Stainless Steel Crown (primary or permanent)	83
Core Build-Up, including any pins	84
Recementation: Bridge	46

PONTICS

Cast (metal)	340
Porcelain with Metal	350
Resin with Metal	350

BRIDGE RETAINERS

Retainer - Cast Metal for Resin Bonded Fixed	320
Abutment Crown - Resin with Metal	350
Abutment Crown - Porcelain Fused to Metal	350
Crown - 3/4 Cast High Noble Metal	340

PROSTHETICS (Removable)

Complete Denture - Upper or Lower	460
Immediate Denture - Upper or Lower	490
Partial Denture:	
Upper/Lower Resin Base with Conventional Clasps/Rests	425
Upper/Lower Cast Metal Base with Resin Saddle	500
Removable Unilateral Partial - 1 Piece Cast Met with Clasps and Pontics	275
Interim Complete/Partial Dentures (upper/lower)	230
Complete Denture Adjustments	24
Reline - Laboratory, Complete/Partial Denture	148
Tissue Conditioning Upper/Lower per Unit	52
Repairs:	
Repair Complete Denture Base	58
Replace Missing/Broken Tooth Complete Denture (per tooth)	58
Clasp Added To Partial Denture	77

ENDODONTICS¹ (Root Canal)

	Member Fees
Pulpotomy	\$52/82
Anterior	210/367
Bicuspid	255/432
Molar	315/500
Apicoectomy - Anterior	200/225
Apicoectomy - Bicuspid	215/320
Apicoectomy - Molar (first root)	245/320
Apicoectomy - (each additional root)	95/125
Retrograde Filling (per root)	73

PERIODONTICS¹ (Gum Treatment)

Gingivectomy per Quadrant	180/294
Gingivectomy per Tooth	64/114
Gingival Curettage per Quadrant	92/182
Gingival Flap Surgery per Quadrant	220/360
Osseous (bone) Surgery per Quadrant	330/620
Periodontal Scaling and Root Planing per Quadrant	80/120
Periodontal Maintenance Procedures	50/100
Occclusal Guard, by report	219
Occclusal Adjustment - Limited	45
Occclusal Adjustment - Complete	188

ORAL SURGERY¹

Extraction, Without Complication	46/59
Root Removal - Exposed Roots	60
Surgical Extraction, Erupted	84/98
Impaction:	
Soft Tissue	95/114
Partially Bony	125/195
Completely Bony	151/265
Residual Tooth Root Removal	90/84
Alveoloplasty (per quadrant)	89/130

¹ The first listed copayment applies when services are performed by a General Practitioner. When services are performed by a Plan Specialist in the State of Delaware, then the second copayment applies. Referrals to a specialist must be made by the member's participating General Practitioner.

ORTHODONTICS

Initial Records and Study Models	250
2-Year Case (Child)	2,400
2-Year Case (Adult)	2,800

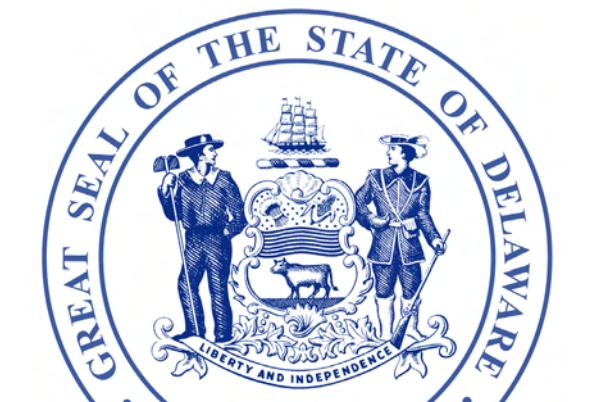
PLAN LIMITATIONS

The following exclusions and limitations shall apply:

1. Services for injuries or conditions which are covered under worker's compensation and employer's liability laws. Services which are provided without cost to Subscribers by any municipality, county, or other subdivision (with the exception of Medicaid).
2. Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
3. Cosmetic, elective or aesthetic dentistry.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, or development malformations where, in the sole discretion of the Participating Dentist, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.
8. Treatment required for conditions resulting from major disaster or epidemic.
9. Replacement due to loss or theft of dentures or bridgework.
10. Replacement of a bridge, crown or denture within 5 years after the date it was originally installed.
11. Any procedure of implantation or experimental procedures.
12. General anesthesia.
13. Services that cannot be performed because of the general health of the patient.
14. Teeth cleaning (Prophylaxis) at intervals of less than six months.
15. Unlisted procedures will be provided at the Dentist's usual and customary fees.
16. Services obtained outside of the dental office in which enrolled and which are not pre-authorized by such office (with the exception of out-of-area emergency dental services).
17. Services which are of such a degree and complexity as to not be normally performed by a general dentist (with the exception of orthodontics).
18. Crown and bridge fees apply only to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
19. Elective surgery including, but not limited to extraction of asymptomatic molars.
20. Full mouth x-rays or panoramic film are limited to one set every three years.

* All fees exclude the cost of noble and precious metals. An additional fee will be charged if these materials are used.

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GROUP DENTAL PLAN 405XS



DENTAL CARE. THE NEED IS REAL.

Take care of your teeth

with Dominion Dental Services

Dominion Dental Services, Inc. (DOMINION) is a Managed Care Dental Plan that has contracted with carefully selected, established members of the dental profession to deliver QUALITY dental services to our subscribers.

Dental disease is preventable. DOMINION plans encourage the early detection of dental problems and routine maintenance. We help you take better care of your teeth and now it can cost you less to do it!

Our network of participating dentists provides:

- Extensive coverage
- Quality dental care at predetermined fees
- Your choice of convenient private offices
- Treatment that emphasizes prevention and early detection of dental problems

Plan 405XS benefits include:

- No charge for oral examinations
- No charge for routine semiannual cleanings
- No charge for bitewing X-rays
- No charge for topical fluoride

These procedures account for over 65% of dental services most frequently performed for adults, and almost 90% of the most frequently performed services for children¹.

You will receive more extensive care (fillings, crowns, dentures, root canals, periodontal care, oral surgery, etc.) at fees up to 70% lower than usual and customary charges. You only pay the amount listed. Specialty care is also provided by Plan Specialists at the copayment listed.

Your choice of participating dentists

You may select any general dentist from our enclosed list of participants. If you need specific information on these offices, please access our website at www.DominionDental.com or call our Member Services Department.

Each family member may select a different participating dentist. And, if you ever need to change your dentist for any reason, just access our website or call our Member Services Department.

Who is eligible?

You and your dependents are eligible. Dependents include your spouse, unmarried children under age 21, and unmarried children who are full-time students (up to age 24).

Out-of-Area Emergency Care

You are covered for emergency dental treatment arising from accidental injury or illness while temporarily more than 50 miles from home. Simply use any convenient dentist and submit the receipt to DOMINION for reimbursement.

SAVINGS COMPARISON

Procedure	Avg. Chg.*	Your Fee
Oral examination	\$47	No Charge
Bitewing X-rays (2 Films)	\$26	No Charge
Topical Fluoride	\$22	No Charge
Semiannual Cleaning	\$54	No Charge
Complete Series X-rays	\$79	\$20
Filling (3 Surface-Silver)	\$98	\$35
Crown (Porcelain/Metal)	\$634	\$350
Root Canal (Anterior Tooth)	\$410	\$210
Complete Denture	\$893	\$460
Simple Extraction	\$89	\$46

* Based on the National Dental Advisory Services (NDAS) 80th percentile fee information.

PLAN FEATURES

- no Deductibles
- no Pre-authorization Paperwork
- no Claim Forms
- no Maximum Annual Dollar Limits
- no Pre-existing Condition Exclusions

How do I join?

- Select a dentist.
- Fill out the attached application. Be sure to list all dependents you want covered.
- Return the completed application to your Benefits Administrator.
- A Membership Card and Certificate of Coverage will be mailed to you on or before your first day of eligibility.
- If you have any questions regarding your date of eligibility, please contact your Benefits Department.

How do I receive care?

After your effective date, simply call the dental office you selected, make an appointment, and present your membership card upon arrival.

You will receive treatment at the dental office listed on your membership card, except when an emergency arises or when otherwise directed by your Plan Dentist.

What if I change jobs?

If you leave your place of employment, you will have the option of converting your coverage to a DOMINION program using an alternate method of payment.

Dominion Dental Services, Inc., P.O. Box 75314, Charlotte, NC 28275-0314 Subscriber Enrollment Information		Dependent Information (List Covered Dependents Only)									
Social Security Number	Last Name	First	State	Zip	City	Home Telephone	Work Telephone	M.I.	Sex	Birthdate	Soc. Sec. #
Home Address								Child	Child	Child	Child
Date of Birth		Dental Office Code # and Name (As indicated on your Provider Directory)									
Last Name (if Different)	First	M.I.	Sex	Birthdate	Soc. Sec. #	Last Name (if Different)	First	M.I.	Sex	Birthdate	Soc. Sec. #
Spouse											
Child											
Child											
Signature _____											
If I am voluntarily paying 100% of the cost of this Plan, without employer contribution, I agree to remain in Plan a minimum of 12 months and/or be responsible for a minimum of twelve months of Subscription Dues. I understand and agree that my signature on this enrollment form serves as my legal commitment to the Plan and its terms. Further, this signature represents my authorization for the release of information regarding services provided to me or my covered dependents by dentists and other providers of dental services. Information will be released to Dominion Dental Services, Inc. for the purpose of Quality Assurance and/or utilization review. Authorization will be limited to the term of coverage of this policy. A copy of this form will be made available to subscriber or their authorized representative upon request.											
Subscriber's Signature _____											
Code #	Group #	Group Name	Administrative Use Only								
Date _____	Coverage Eff. Date _____ Plan # DE 405XS										

FORM 02GAP
1 Based on utilization data provided by independent actuaries.

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State of Delaware 405XS Rates

Subscriber	\$19.38
Subscriber & Spouse	\$32.48
Subscriber & Child(ren)	\$39.34
Family	\$46.18

Effective Dates: July 1, 2005 - June 30, 2006

